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CONFIRMATION NO. 5901

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/660,090	<b>FILING OR 371(c) DATE</b> 09/11/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 08321-0113 US1	
<b>APPLICANTS</b> Jay S. Schneider, Cherry Hill, NJ; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/410,512 09/13/2002 <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 12/03/2003					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 42	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> Harness, Dickey & Pierce, P.L.C. 7700 Bonhomme Suite 400 St. Louis, MO63105					
<b>TITLE</b> METHODS FOR TREATING PARKINSON'S DISEASE					
<b>FILING FEE RECEIVED</b> 980	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		